

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Spec. Pgm. to Increase Immunization Levels

**GRANT PROGRAM NO.** 07-22-IMM**STATUTORY AUTHORITY:**

Public Health Service Act as Amended

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To continue support to selected local and state initiatives to substantially increase immunization levels. The majority of funds are intended to be allocated for increasing vaccine service delivery and ensuring a strong follow-up component both in traditional and non-traditional medical settings in normal and epidemic times; some funds may be used for related immunization assessment, outreach, and information/education activities.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$3,000,000 may be available in Federal Fiscal year 2007 to fund 10-15 awards. Awards will begin on January 1, 2007 and will be for a 12 month budget period. Funding estimates may vary and are subject to state and federal appropriations. Applicants currently receiving grants for these activities and who have performed satisfactory will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local governmental entities, State agencies, non-profit corporations, licensed ambulatory care facilities and hospitals, and primary care centers in New Jersey which provide services in urban settings or depressed rural areas.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with Community Health and pediatric preventive care issues in highly urbanized areas of New Jersey. Ability to provide immunization services at a variety of sites and also in non-traditional medical settings in targeted areas of need. Must be a professionally licensed organization which can provide these services in accordance with state and federal guidelines. Demonstrate ability in working with other state and local programs operating within a geographical area and within the local health jurisdiction.

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**APPLICATION PROCEDURES:**

Prepare and submit a New Jersey Department of Health and Senior Services Grant Application.

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**FOR INFORMATION CONTACT:**

Program Manager, Vaccine Preventable Disease Program  
New Jersey Department of Health and Senior Services  
Communicable Disease Service, PO Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 588-7520**FAX:** (609) 588-3642**E-MAIL:** katherine.wytovich@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to the funding period.